One Care Implementation Council Meeting

January 12, 2021

10am-12pm

Via Zoom

Massachusetts Data Profile for Dually Eligible Individuals and the Health Plans Serving Them: Key Findings and Summary

A report complied by the Integrated Care Resource Center, an initiative by CMS, coordinated by Mathematica and the Center for Healthcare Strategies

Why this presentation is important

Under duals 2.0, starting in 2022 SCO and One Care functions will be aligned.

As a result, SCO and One Care will have:

- simplified and more aligned financial methodologies
- integrated appeals and grievances
- increased passive enrollment
- 90 day continuity of care.
- Fixed enrollment

What can we learn from the ICRC data?

- There are differences in population between SCO and One Care
- Population demographic information is deficient and outdated
- HEDIS measures are inadequate in measuring quality care provided to complex need populations
- Addressing mental health must be a priority
- There is increasing growth of managed care in Massachusetts and across the country
- There are variations in plan performance
- Plan growth and quality of plan performance are not aligned
- In general, Massachusetts plans perform higher than other plans at the national level

Considerations

Contract requirements should:

- include firewalls to protect financial alignment between SCO and One Care from reducing consumer choice, control and whole person-centered care in determination of of need and medical necessity.
- increase transparency in administrative prior authorization and determination of need particularly for persons with complex needs that require person-centered integration of LTSS, diversionary, SDOH and other services.
- increase collection of data needed to address racism, ableism, xenophobia, heterosexism etc.
- require readiness review qualifications include plan performance as well as provider capacity
- Align plan growth with demonstrated quality of care

Demographics (data from 2012)

- Approximately half of all Full Benefit Dually Eligible (FBDE) individuals in Massachusetts were under 65
- At the state and county-level, approximately 60% of FBDE individuals were female
- FBDE individuals statewide were predominantly white, while Hamden and Suffolk countieswere more diverse

Chronic Conditions (data from 2012)

- MA FBDE individuals had a higher prevalence of behavioral health conditions than the national average
- FBDE individuals in MA had a high prevalence of behavioral health conditions (specifically Depression, Anxiety, Bipolar Disorder, and PTSD)

Enrollment and Coverage (data from 2014-2020)

- Six organizations offered D-SNPs[1] to FBDE individuals age 65 and older; of those organizations, three also operated MMPs[2], which serve FBDE individuals under the age of 65
- Enrollment increased across all plans and plan types during this period
- Commonwealth Care Alliance experienced rapid growth after Fallon Health discontinued its MMP in 2015 (two MMPs remain)
- Almost half of FBDE individuals3 in Suffolk County were enrolled in a D-SNP, MMP, or PACE in 2020

[1]D-SNPs are Senior Care Options (SCO) plans in MA. All are FIDE SNPs.

[2]MMPs are referred to as One Care plans in MA.

D-SNP Oversight: Quality Measures (data from 2018-2019)

- D-SNPs in MA generally performed above the national average
- Fallon Health and Tufts Health Plan scored among the highest-rated plans in MA and nationwide in the measures analyzed for this profile
- United generally scored below the national average
- Some MA D-SNPs ranked in the top 10 among 35 regional D-SNPs on many Healthcare Effectiveness Data and Information Set (HEDIS) measures

Additional Points:

- The CCA population is far more complex in general than the populations served by other plans.
- UnitedHealth's performance is for the most part consistent, and therefore something to be watched.
- National performance is a poor baseline measure given the variation in Medicaid programs across the country. Therefore, regional data seems more appropriate.
- There is also the issue of the appropriateness of HEDIS an CAHPs measures for complex populations.

Recommendations to MH, based on the Key Findings

1. It is important that contract language requiring the side-by-side tracking of both SCO and OC plan performances because of increasing consolidation of administrative functions.
2. It is imperative that MassHealth and CMS include contract language that requires plans to demonstrate quality of care, not just provider capacity. This has been a request from the IC and other advocacy groups since before the start of OC.
3. To support increased excellence and provision of services by OC (and SCO) plans or performance data presented by MassHealth should include plan performance against the top 10 performers nationally and regional plan performances.
4. This star rating system is inadequate in assessing the quality of care provided to dually eligible under the age of 65 because of the complex needs of the population. In addition, the star rating system was created for Medicare advantage plans.
5. There needs to be increased emphasis on quality-of-care
6. Quality measure reporting should include population demographics and risk stratification.
7. are transitions and mental health services.

One Care Implementation Council and Massachusetts Dept of Mental Health

Kathy Sanders, MD

Deputy Commissioner for Clinical and Professional Services

Department of Mental Health

DMH 101

- What are the eligibility requirements for someone to receive services from DMH?
- What types of services does DMH provide?
- What are the responsibilities of a DMH care coordinator or care manager?
- How is the care plan created and how are goals set?

Integration and Coordination

- What best practices or mechanisms has DMH instituted to support integration of care coordinator activities, care planning, goal setting and care plan implementation with One Care plans?
  - For example, supporting continuity of care from hospital to community settings.

- Does DMH have recommendations for enhancing coordination between DMH care coordinators and One Care care coordinators to support member recovery?

The Implementation Council

- Does DMH have recommendations for activities the Implementation Council should focus on to advance greater integration between DMH coordination and One Care coordination?
  - This also includes care planning, goal setting etc.

- What should the One Care implementation Council focus on to advance greater integration between DMH coordination and One Care coordination? This also includes care planning, goal setting etc.